

Written Correspondence Procedures Manual

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Section 1: Introduction

Written Correspondence Mission Statement

The Written Correspondence (WC) unit is an integral part of the Member and Provider Relations Department and works closely with other units within the department. The WC unit adds value to the account by improving communications between providers and the Indiana Health Coverage Programs (IHCP) by clarifying IHCP policy issues for providers and by providing a mechanism for members to address concerns. The WC unit emphasizes quality, accuracy, and timeliness in all correspondence.

Written Correspondence Unit Overview

The WC unit is a link between the provider community and the IHCP. Using *IndianaAIM*, the WC unit researches claims for providers that experience difficulty in obtaining claim payment. Additionally, providers can contact the WC unit to obtain recipient benefit limit information or clarify IHCP rules and regulations. Providers may also obtain a copy of previously issued remittance advice statements. There is, however, a charge for any remittance advice that is one year or older than the date of request.

Written inquiries should be submitted using the *Indiana Health Coverage Programs Inquiry* form. Using the *IHCP Inquiry* form ensures that the EDS Written Correspondence (WC) analyst has all the information necessary to research the inquiry. There is a limit of one inquiry per form. The *IHCP Inquiry* form is available on the Indiana Medicaid Web site at www.indianamedicaid.com.

Also, providers can request a free copy of the form from the following address:

Forms Request
P.O. Box 7263
Indianapolis, IN 46207-7263

Copies of claims and attachments previously submitted for payment should be included with the inquiry. Prior authorization (PA) numbers or a copy of PA decision forms, as well as copies of remittance advice (RA) statements must be included with the inquiry. PA and RA information provides necessary details about the claim and enables the WC analysts to formulate accurate and complete responses.

When comprehensive information is provided on an inquiry form with a clearly stated reason for the inquiry, the WC analyst can research the issue and provide appropriate avenues for resolution. The WC analyst can resolve issues when given complete information.

Incomplete *IHCP Inquiry* forms significantly reduce the WC unit research capability. Also, providers should remember that submitting claims to the WC Unit increases processing time, because the WC unit must re-route the claim back through the mailroom which then sends it to the claims submission group.

Within ten business days of receipt of a Written Inquiry Request, a response letter is mailed to the provider. The ten-day guideline is found in the Request for Proposals (RFP PRC-56), which reads:

Prepare an accurate and thorough written response, as directed by the State, to ninety-eight percent (98%) of all written provider and recipient correspondence (inquiries) within ten (10) business days of receipt of the provider's correspondence by the Contractor. Respond to the

remainder within fifteen (15) business days of receipt. Written responses must be technically proficient.

For tracking purposes, responses to inquiries are assigned a letter control number (LCN) or a Research Project Tracking System (RPTS) number. The LCN or RPTS number should be referenced in any subsequent correspondence with IHCP about an inquiry. All completed written inquiry requests should be forwarded to the following address:

**EDS Written Correspondence
P. O. Box 7263
Indianapolis, IN 46207-7263**

Determination is made in the mailroom regarding correspondence tracking. The preferred method of tracking correspondence is the LCN, which requires a provider number on the inquiry to be entered into the system. Inquiries arriving without a valid provider number must be tracked via the RPTS system. Correspondence handled by the Written Correspondence Unit is submitted by various entities including providers, billing services, members, and attorneys.

Section 2: Organization and Staffing

Written Correspondence Supervisor

The responsibilities of the WC Supervisor follow:

- Oversee operations of the WC Unit
- Serve as a liaison with the Office of Medicaid Policy and Planning (OMPP)
- Oversee performance as it relates to contractual compliance
- Provide strategic enhancement of correspondence processes
- Provide leadership and direction

Written Correspondence Analyst

The responsibilities of the WC analyst follow:

- Manage and provide written responses to all written correspondence that has been directed to the Member and Provider Relations Unit
- Support all facets of the IHCP related to education, claims inquiry, research and resubmission of problem claims
- Communicate by telephone with providers about program policies, billing requirements, and resolution of claim adjudication issues as needed
- Meet all contractual requirements by responding to all written inquiries within ten business days

Job Specific Skills

The skills of the WC analyst follow:

- Provide training and counseling about billing inquiries for IHCP providers
- Identify issues that require written clarification or phone contact with the provider
- Produce written correspondence meeting grammar and punctuation standards
- Respond to customer requests in a timely manner
- Represent EDS at customer and internal meetings
- Work independently with little direct supervision
- Organize and follow through with inquiries
- Multi-task assignments
- Manage and respond to all requests from the OMPP for responses to legislative inquiries
- Research and prepare hearing packets for use in defending claims adjudication decisions
- Research and respond to claims appeals

Section 3: Written Correspondence

Introduction

The Written Correspondence (WC) analyst receives inquiries from both providers and members and uses the IndianaAIM Written Correspondence Tracking System (WCTS) to track and research inquiries and responses. The WC analyst uses the Microsoft suite of tools to analyze inquiries and formulate responses. In addition, the WC analyst analyzes inquiries using up-to-date reference materials, such as current billing and policy information, edit and audit resolutions manuals, the IndianaAIM database, the Web, and online users manuals.

Overview of the WCTS

The WCTS is an integrated windows-based system in IndianaAIM designed to enhance written inquiry functions. The WCTS allows the WC analyst to track provider inquiries and responses. The benefits of the system include increased efficiency, accuracy, and an automated tracking mechanism for all written inquiries.

The WCTS streamlines the scope of the written inquiry response. The WC analyst documents each inquiry – from receipt to final disposition – through the use of windows-based applications. The window-based applications provide for controlling, tracking, and researching written inquiries. The flexibility of the WCTS allows the WC analyst to compose responses in Microsoft Word and to copy them to WCTS for future research.

The WCTS provides for automated tracking of all written inquiries. This automated system monitors and reports the following:

- Batch number (group of letters)
- Date received (date the inquiry was received)
- LCN (letter control number for each inquiry)
- Provider number
- Date of response
- Type of inquiry (chosen from a systems-based, updated list of possible inquiry types)
- Response status

The flexibility of IndianaAIM allows the reported data to be manipulated as needed. For example, an online report may be generated using the Provider Correspondence Search window. With the above parameters plus the User ID, a report can be generated on demand for a specified span of dates. All inquiries meeting the criteria chosen by the user are displayed on the computer for viewing and printing.

Inquiry Types

Inquiry types define the type of response required for a specific inquiry. A list follows of inquiry types along with a few representative occurrences.

Claim Status

- Unknown claim status
- Not on remittance advice (RA)
- Claims sent to Written Correspondence for special processing

Late Billing

- Request to waive filing limit
- With claim correction forms (CCF)
- Documentation to support late filing
- New bills on date-of-service over the one year filing limit
- Retroactive member eligibility

Crossovers

- Claims that did not crossover
- Questions about Crossover claims
- Denials
- Edits

Other Insurance

- TPL — denial, other issues

Adjustments

- Adjustments questions or problems

Remittance Advice

- Requests for RA
- RA mailed to wrong provider
- Questions about RA

Eligibility

- Risk Based Managed Care (RBMC) / Primary Care Case Management (PCCM) eligibility
- Benefit limits for:
 - Optometry
 - Dental
 - Hearing aids
 - Incontinent supplies

- Mental health
- Nursing home visits
- Office visits
- Transportation
- Pediatric
- Durable medical equipment

Program Policy

- Current information: Bulletin, Banner, and Newsletter
- Covered services
- Spend-down policy
- Financial services
- Reimbursement methodologies
- HIPAA effects

Correspondence

- Inquiry on claim status
- Insufficient requirements to research claim

Claim Rejections

- Denied claims
- Suspended claims
- Claim Correction Forms
- Return to Provider letters sent to Written Correspondence

Nursing Facility

- LTC evaluation (450A),
- LTC physician certification (405B)
- LOC appeal process
- Retro rates
- Leave days
- Bed hold

Billing Instructions

- Claim form with no attachments
- Required field not filled out on forms

- Questions on forms UB92, CMS 1500, and ADA 2000
- Claim adjustment questions

Refunds

- Refunds, to or from the IHCP
- Expenditure checks
- Accounts Receivable

Reimbursement

- Reimbursement not as expected
- Questions about how reimbursement was calculated

Prior Authorization

- Denied for lack of PA
- Need retroactive PA

Out of State

- Not in use

Form Request

- Form requests, as a rule, have moved to the Web:
www.indianamedicaid.com/ihcp/publications/forms.htm

Other

- Not in use

Package C

- Denied premium
- Eligibility
- Program policy
- Claim rejection
- Billing instructions
- Prior authorization
- Recipient inquiry

- General inquiry
- Provider enrollment
- Recipient enrollment

Overview of the Research Project Tracking System

In addition to the inquiries tracked in IndianaAIM, the WC Unit uses the *Research Project Tracking System* (RPTS). The RPTS application tracks Indiana Health Coverage Programs (IHCP) inquiries and member inquiries that require extended research. The RPTS can track inquiries sent without the provider number. Additionally, the RPTS is used to track issues that must be sent to other contractors or internal departments for research outside the capabilities of the WC unit.

The process of accessing this tracking system follows:

1. Access the Main Menu in AIM Production.
2. Click **Project Tracking System**.
3. The RPTS Main Menu Search.
4. Click the Search button and the RPTS Search window displays.
5. Enter the 11 digit control number and click **Search**. The RPTS search window displays.
6. Click **Exit** to close this window.
7. In the RPTS Maintenance – Detail window, click **Description** to take you to the RPTS Maintenance – Description window.
8. Click **Update** to paste a copy of the letter being sent to the inquiring party.
9. Click **Save**.
10. After you save the response, click **Detail**, which takes you back to the RPTS Maintenance-Detail window.
11. Under the section Status, select **Closed** from the drop down box and click **Save**, which closes the RPTS inquiry.

Section 4: Responses

Overview

The mailroom assigns all written inquiries a letter control number (LCN), which the Written Correspondence Tracking System (WCTS) uses to store and track the response. After receiving written inquiries from the mailroom, the Written Correspondence (WC) analyst researches the inquiry, using *IndianaAIM*, information from subject matter experts, and appropriate reference materials. The WC analyst composes a response in Microsoft Word, has the WC Supervisor review the response, copies the response into the *IndianaAIM* system, and then mails the completed response.

The WC analyst enters the LCN number in the *IndianaAIM* Provider Correspondence Search window, shown below, to access the Provider Correspondence Inquiry Response window, which eventually holds the completed response.

LCN	Date Received	Date Entered	User ID	Provider Number
-----	---------------	--------------	---------	-----------------

Figure 4.1 – Provider Correspondence Search Window

Response Procedures for LCN Letters

After the research and the review phases of a response, the WC analyst completes the following steps to transfer the response to the WCTS:

1. Perform a spelling and grammar check on the Microsoft Word response, making necessary changes.
2. Save the response on the Client Services L drive, using a document naming convention reflecting the batch number and the LCN before mailing the letter to the provider.
3. Enter the LCN in the Provider Correspondence Search window. Click **Select** to display the Provider Correspondence Inquiry Response window.

Provider Correspondence Inquiry Response

File Edit Applications Options

LCN: 22 Date Received: 19
Entry Clerk: J. Entry Date: 19

Provider ID: 10
Service Location: A Status Date: 14
Inquiry Type: Crossover Response Status: Inquiry in process

Inquiry Text Response Text Generate Letter: [Dropdown]

Next LCN [Input] Inquire Save Exit

Figure 4.2 – Provider Correspondence Inquiry Response Window

4. Click the **Response Text** button to display the Provider Correspondence Text window.

Provider Correspondence Response Text

File Edit Applications

LCN: 71 Date Received: 11
Entry Clerk: K. Entry Date: 14

[Large Text Area]

Save Exit

Figure 4.3 – Provider Correspondence Response Text


At this point, the WC analyst returns to the Microsoft Word version of the response letter:

1. In Word, choose **Select All** and **Copy**.
2. Paste the copied letter into the Provider Correspondence Text window.
3. Click on **Save** to store the response in the WCTS.

The response is now stored in the WCTS and can be tracked for future use.

Response Letter

The format of the Microsoft Word version of the response letter is shown in Figure 4.4.



Date

Provider/Other Name 000000000A

Attn

Address 1

Address 2

City, State ZIP

Dear Provider:

Thank you for your inquiry to the Indiana Health Coverage Programs (IHCP) concerning:

Member Name:

RID or ICN:

Date (s) of Service:

This claim and its supporting documentation have been forwarded to the Claims Unit for special processing. Please allow 10 business days for adjudication. To expedite payment of future claims, submit them directly to the following address:

EDS CMS-1500 Claims
P.O. Box 7269
Indianapolis, IN 46207-7269

Thank you for your participation in the Indiana Health Coverage Programs, and for helping to make these valuable programs a success. If you need further assistance, please call customer assistance at (317) 655-3240 in the Indianapolis local area or toll free 1-800-577-1278.

Sincerely,

EDS Written Correspondence Unit


LCN 0000000000

Figure 4.4 – Format of the WC Response Letter

Response to RPTS

The Research Project Tracking System (RPTS) responses are also typed in Microsoft Word™. The analyst types the date of the letter, the requestor's name and address, the greeting, the text of the letter including the details regarding the response, the closing, and the tracking number. The RPTS number is included in the bottom left corner of the letter for tracking.

These letters are stored on the departmental drive. A paper copy of this letter is kept on file along with the original request. The research conclusion can be accessed via the RPTS searching by tracking number. The format of the Microsoft Word version of the response letter is shown in Figure 4.5.



Date

Provider/Other Name

Attn

Address 1

Address 2

City, State ZIP

Dear Provider:

Thank you for your recent inquiry to the Indiana Health Coverage Programs (IHCP) about the following:

Member Name

ICN Number

Date

Reason for Inquiry: (Insert Text)

(Insert Text)

We appreciate your participation in the IHCP and the care you provide its members. If you have additional questions, contact IHCP Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

Sincerely,

Written Correspondence Analyst
Indiana Health Coverage Programs
RTPS#

Figure 4.5 – Format of the RPTS Response Letter

Other Research Issues

WC is also responsible for sending inquiries to specific departments for further research. The following is a brief overview of the co-ordination efforts WC performs.

Finance

When a member of the IHCP community has questions regarding payment issues, such as either voided checks or stopped payments, WC coordinates with the Finance Unit to resolve the issues.

RPTS

WC performs research into RPTS when there are issues concerning missing provider numbers, inquiries from either the member or provider community, or inter-departmental requests. The process for responding to member and provider inquiries follows:

1. Access Main Menu in AIM Production.
2. Click **Project Tracking System** to access the RPTS Main Menu, and then click **Search**.
3. Enter the 11-digit control number and click **Search** to access the RPTS Search window. Exit out of this window.
4. Upon exiting the RPTS Maintenance –the Detail window will display. Click **Description** to access RPTS Description window.
5. Click **Update** on this window, find the appropriate response to the inquiry, copy, and paste the letter being sent to the inquiring party.
6. Click **Save**.
7. After saving the response, click **Detail** to access the RPTS Maintenance-Detail window. Under the section status you click **Close** from the drop down box and save. This closes and saves the RPTS inquiry

Claims

WC forwards special batches to the Resolutions department when receiving notice of claims with processing errors. WC sends the material along with a *Claims Issue Notification* form to identify keying errors that warrant further research by the Claims department.

Research

When an inquiry is beyond the research tools available, the analyst completes an *Issue Management* request for further investigation and follow-up action by the issue management team.

If an update is needed to IndianaAIM data, WC completes and forwards a *Reference Change Order Request* specifying the change related to the reference window to the Business Support Team (BST). The BST unit assists business units in creating Change Orders (CO) to investigate and correct system errors or assists them with questions pertaining to Account Services.

Section 5: Quality Review

Overview

The WC Supervisor performs a quality review of outgoing letters, focusing on grammar, style, clarity, conciseness, accuracy, and content of the response. When letters are received from Operations, an analyst records the date the batch is signed out in The *Written Correspondence Tracking Form* shown in Figure 5.1.

General Information (Completed By Written Correspondence Analyst)									
Batch Number or RPTS Number		LCN			Number of Letters in Batch or RPTS				
Analyst Name					Date Research Completed				
Date Letters Completed and Generated									
Initial Content, Grammar & Style Review (Completed by Written Correspondence Analyst)									
Corrections Required on the Following Letters (circled) *See letters for documentation of necessary corrections									
00	01	02	03	04	05	06	07	08	09
10	11	12	13	14	15	16	17	18	19
20	21	22	23	24	25	26	27	28	29
Date of Initial Content Review					Analyst Signature				
Final Content, Grammar & Style Review (Completed by Written Correspondence Supervisor)									
Corrections Required on the Following Letters (circled) *See letters for documentation of necessary corrections									
00	01	02	03	04	05	06	07	08	09
10	11	12	13	14	15	16	17	18	19
20	21	22	23	24	25	26	27	28	29
Date of Final Grammar/Style Review					Reviewer Signature				
Completion Information (Completed By Written Correspondence Analyst)									
Date Final Letters Generated					Number of Interim Letters Generated				
List the Letter Numbers of All Interim Letters Sent									
Date Batch/RPTS and Interim Letters Sent									
Date Mailing Completed for Entire Batch or RPTS <i>(Please use the following lines to explain interim mailings, if applicable)</i>									
Analyst Signature									
Notes									

Figure 5.1 – Written Correspondence Tracking Form

The analyst reconciles the letters with the batch to ensure all letters are enclosed. The supervisor reviews the letters and completes the appropriate portion of the tracking form. The WC analyst corrects the letters. The corrected letters are attached to the tracking form and stored for future research. At times, more research is required for an inquiry. To accommodate the research, an interim letter is sent to inform the provider or member of the progress of their inquiry. The quality review process is also described in the flowchart in Figure 5.2.

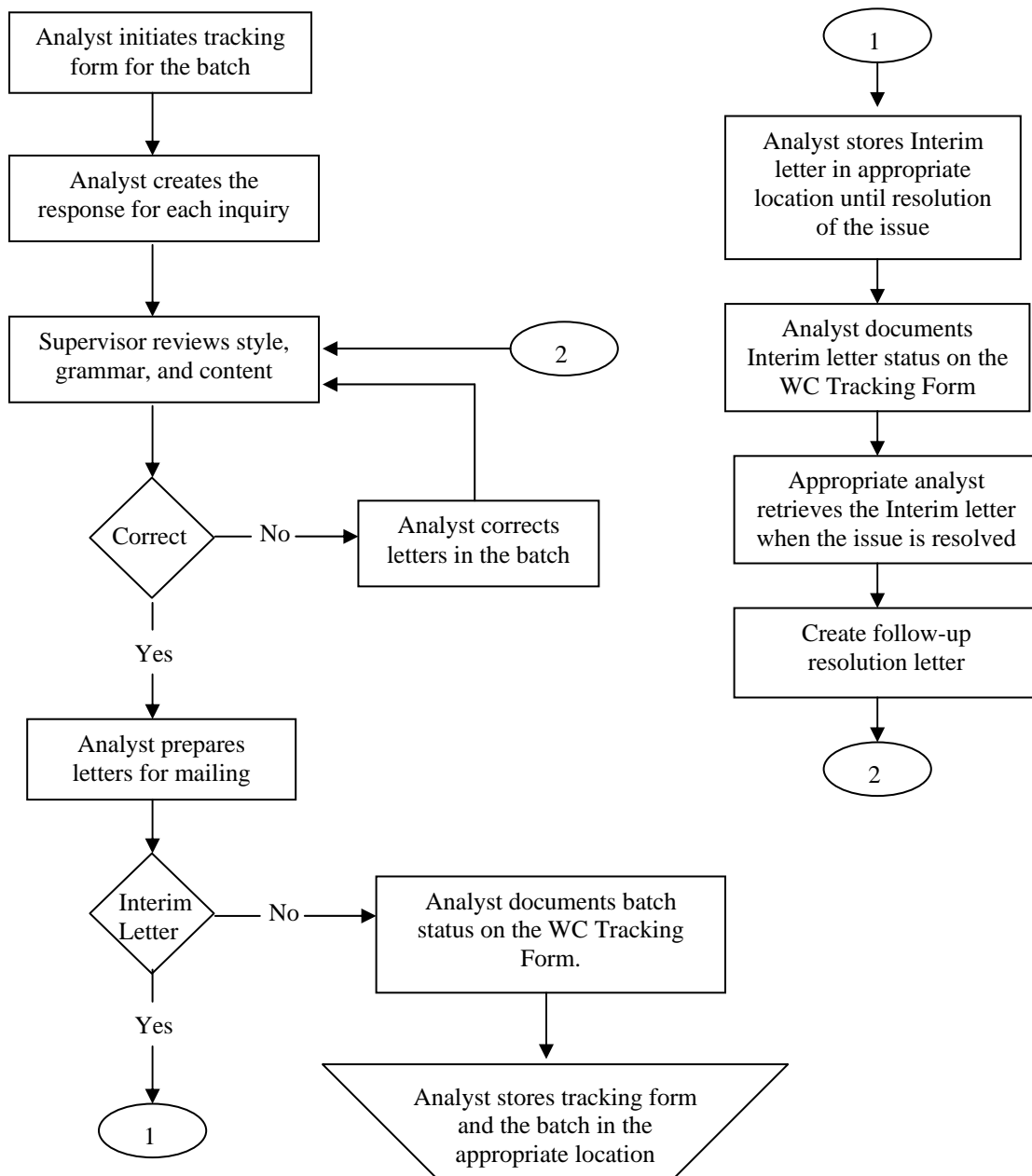


Figure 5.2 – Written Correspondence Letter Review Process

Before mailing, the analyst reviews all letters and does the following:

- Verifies the address is correct.
- Prepares the letter for mailing after ensuring that any attachments are included.
- Sends any claims to be submitted to the Claims Department for processing.
- Logs the date the letter is mailed and the batch is returned to the files in the log book, and files the batch.

The RPTS quality review process is the same as written inquiries as described in Figure 5.2.

Reviews of Other Letters

The WC Unit also generates administrative review letters as well as hearings and appeals letters. These letters are reviewed in the process shown in the flowchart in Figure 5.3.

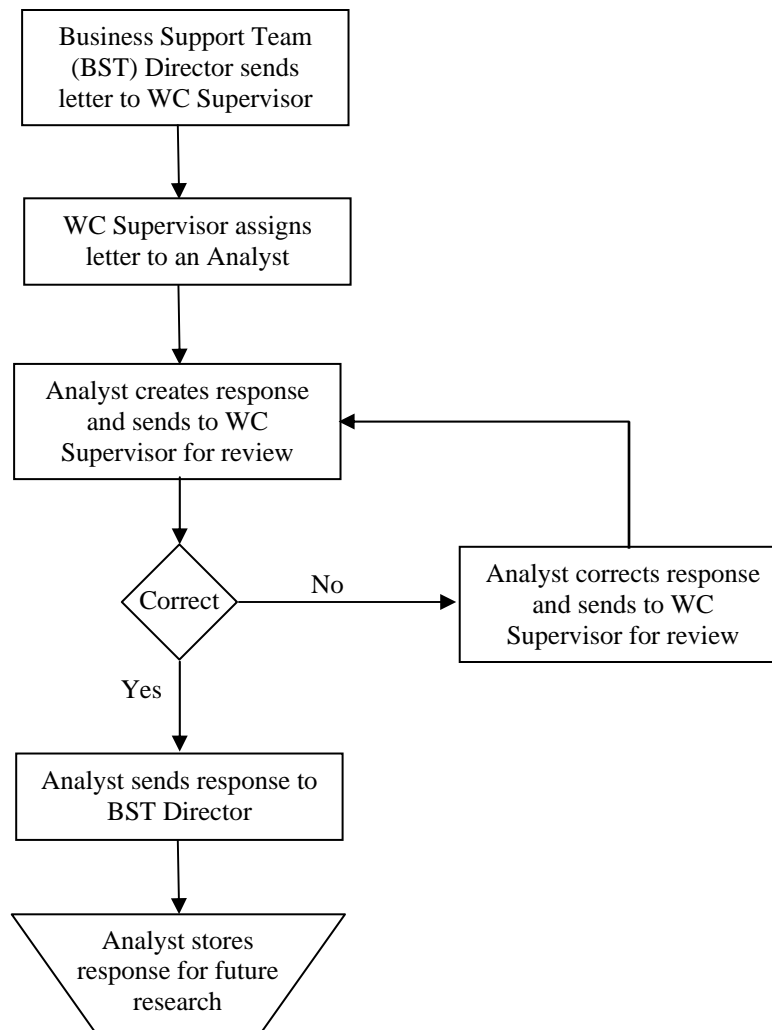


Figure 5.3 – Written Correspondence Letter Review Process for I-Letters, Administrative Review Letters, and Hearings and Appeals Letters

State Quality Check

Each month the Supervisor selects 20 letters to be reviewed by the state for:

- Accuracy of the response
- Issues that were not addressed
- Clarity and conciseness problems
- Typing errors

Written Correspondence Daily Log

The WC Unit uses the daily log as shown in Figure 5.4 to keep track of incoming correspondence. The WC analyst who worked the batch completes the daily log entries. An explanation of the log fields is as follows:

- Analyst – Person working the batch
- Julian date – Date batch received
- LCN Range – Letter control number range of batches received
- Date Out – Date batch taken from drawer
- Date In – Date Batch is competed
- Date Mailed – Date letters mailed to provider

ANALYST	JULIAN DATE	LCN RANGE	DATE OUT	DATE IN	DATE MAILED
	0209				
	0210				
	0213				
	0214				
	0215				

Figure 5.4 Written Correspondence Daily Log

Section 6: Flow Processes

Tracking Process

The WC tracking process identifies which WC analyst works each batch, from the time the batch is logged out in the logbook until the correspondence is mailed to the inquiring provider as shown in Figure 6.1.

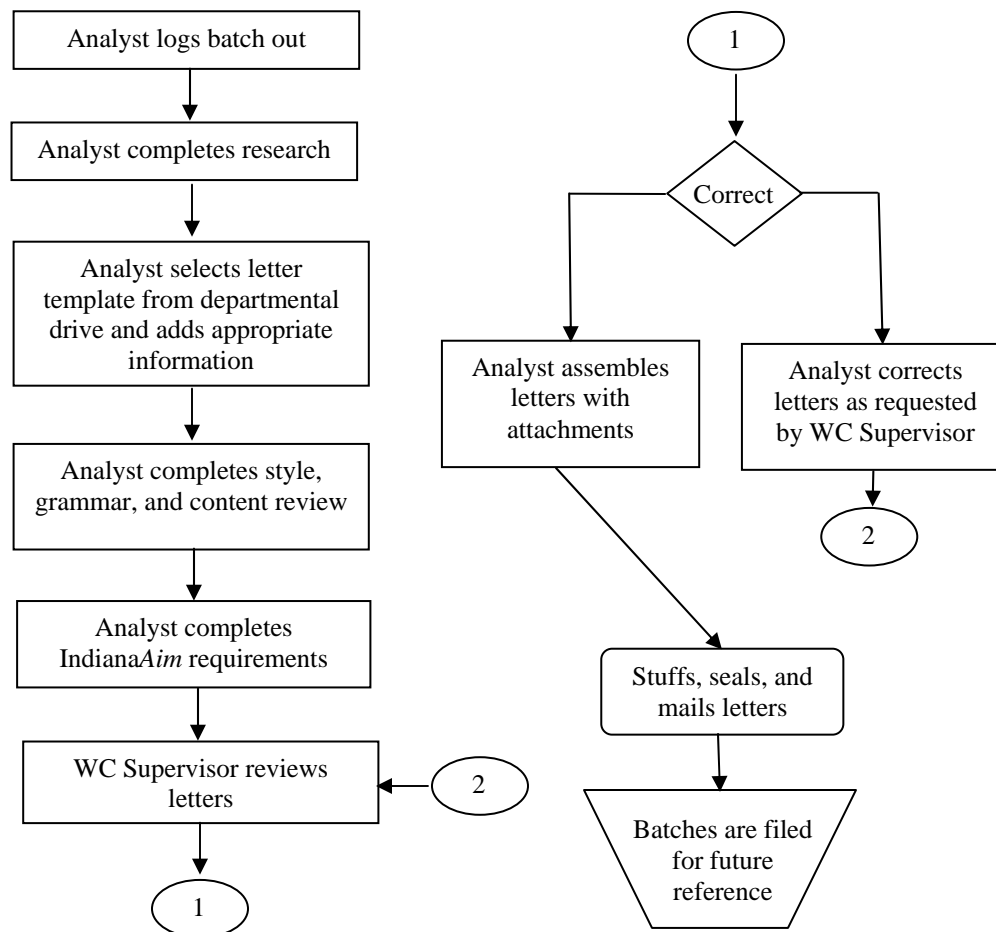


Figure 6.1 – Process for Written Correspondence

RPTS Process

RPTS inquiries cannot be logged into a written inquiry batch, because no provider or member number was included on the inquiry. The mailroom assigns RPTS to a WC analyst for research and response as shown in Figure 6.2.

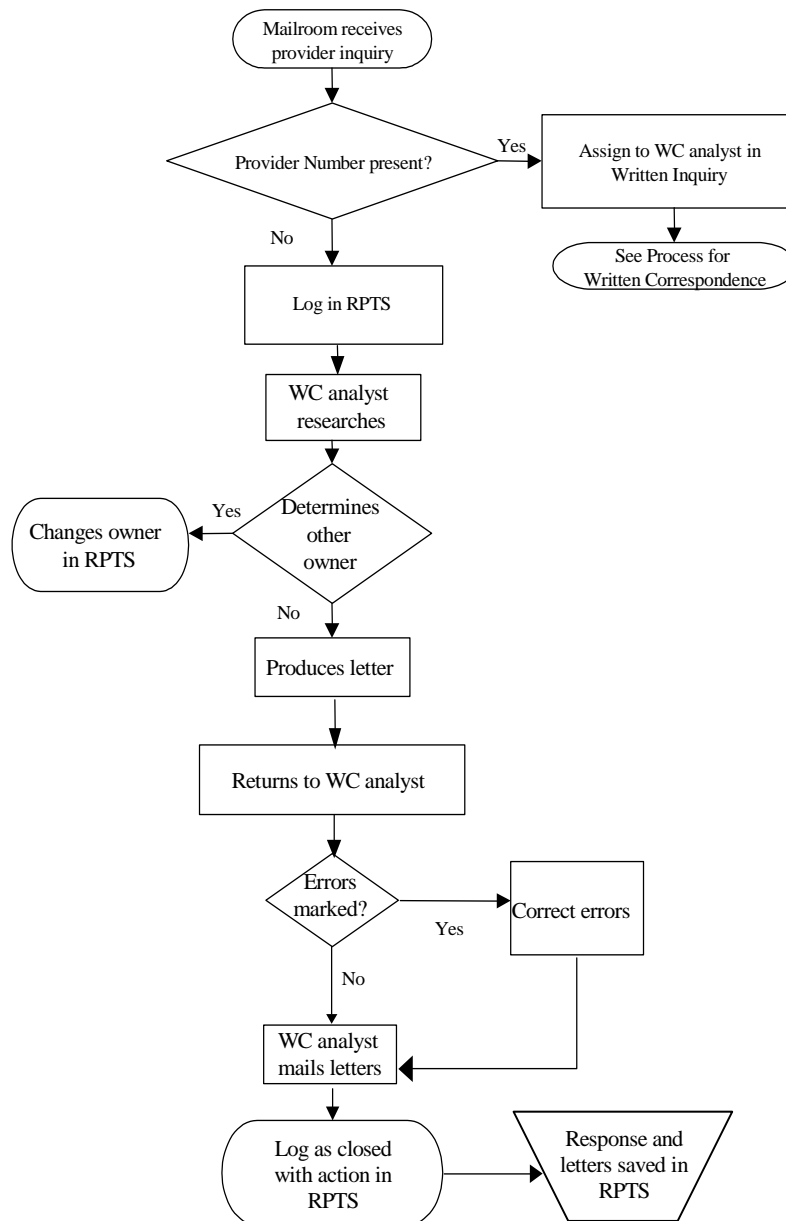


Figure 6.2 – Process for RPTS

Claim Retrieval Process

Claim retrievals are necessary when the originally submitted claim must be reviewed rather than reviewing the claim online. Once research into the issue is completed, the provider is notified of whether the issue has been resolved or the provider must make a correction on the claim. The process is shown in Figure 6.3.

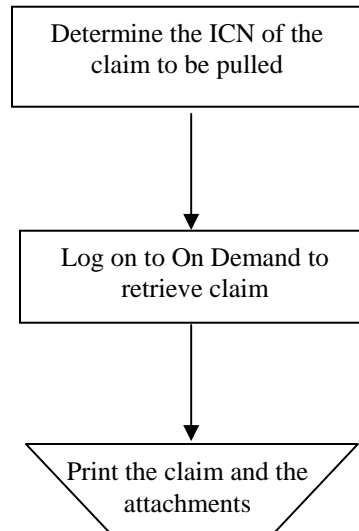


Figure 6.3 – Claim Retrieval Flow Process

Provider Education Referral Process

An analyst refers a provider representative for an onsite visit when a provider has recurring or multiple problems when submitting claims. Also, a provider might request a representative make an onsite visit. In either case, the analyst mails the provider a letter advising them the representative will be contacting them to arrange the visit. The analyst includes the representative's phone number in the letter in case the provider wants to contact the representative. The provider education process is shown in Figure 6.4.

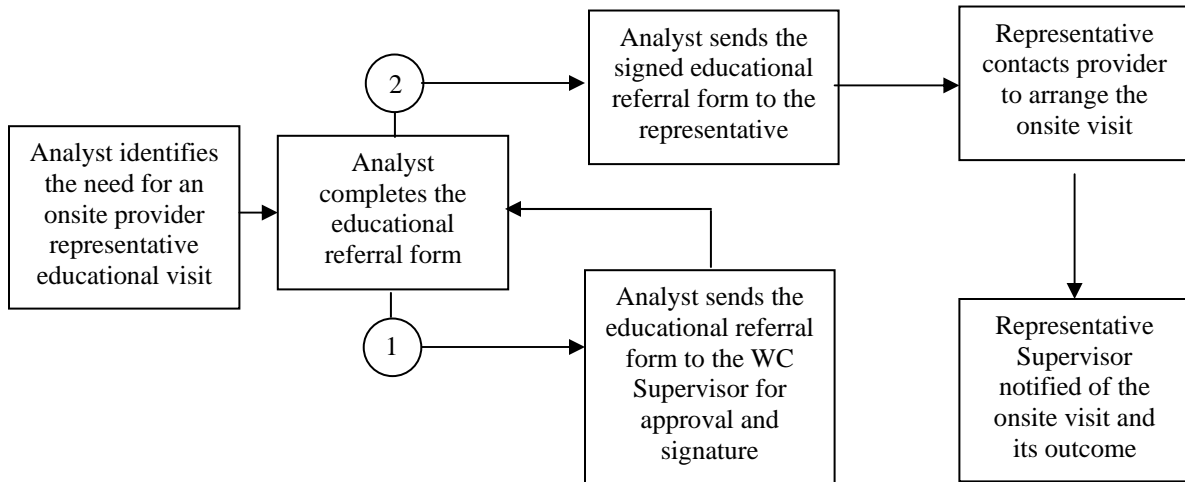


Figure 6.4 – Referral Flow Process for Provider Education

Remittance Advice Cost Process

Requests for a copy of a remittance advice (RA) more than one year old may come through the Customer Assistance Unit or in writing to the WC Unit. When copies are requested, providers must be informed of the cost of reproducing and mailing the copies as well as how to submit payment for them. The RA cost process shown in Figure 6.5 details these steps.

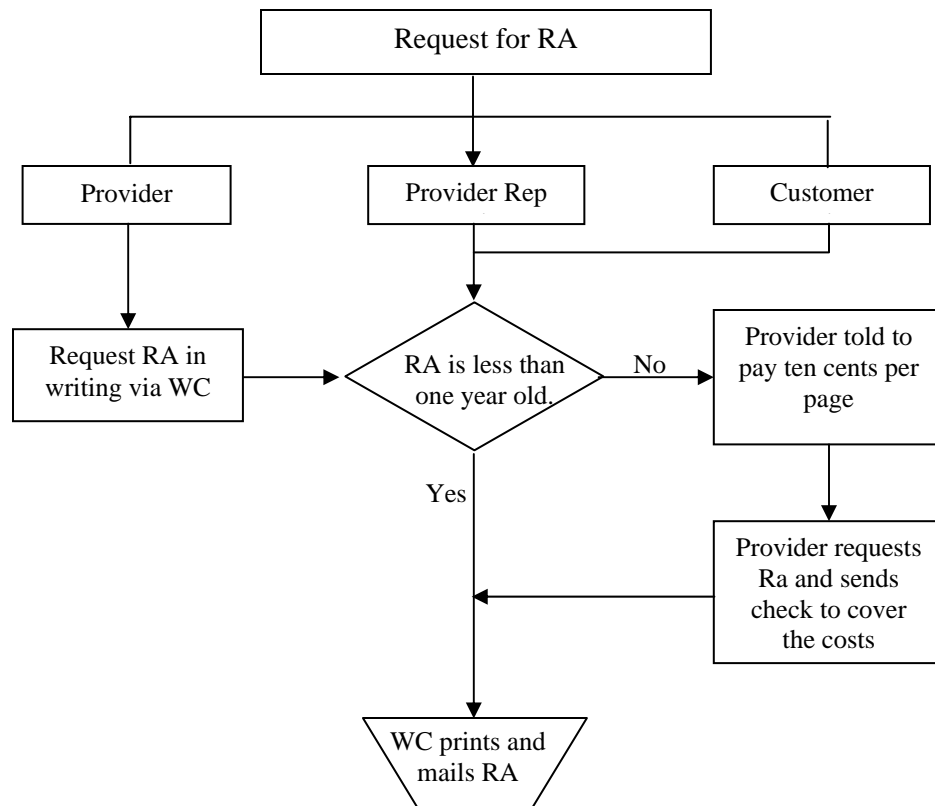


Figure 6.5 – Remittance Advice Cost Process

Remittance Advice Process

Remittance advice copies that are less than one year old can be requested through the Customer Assistance Unit, a provider field representative, or the WC Unit. The remittance advice process as shown in Figure 6.6 details the steps used to respond to this request.

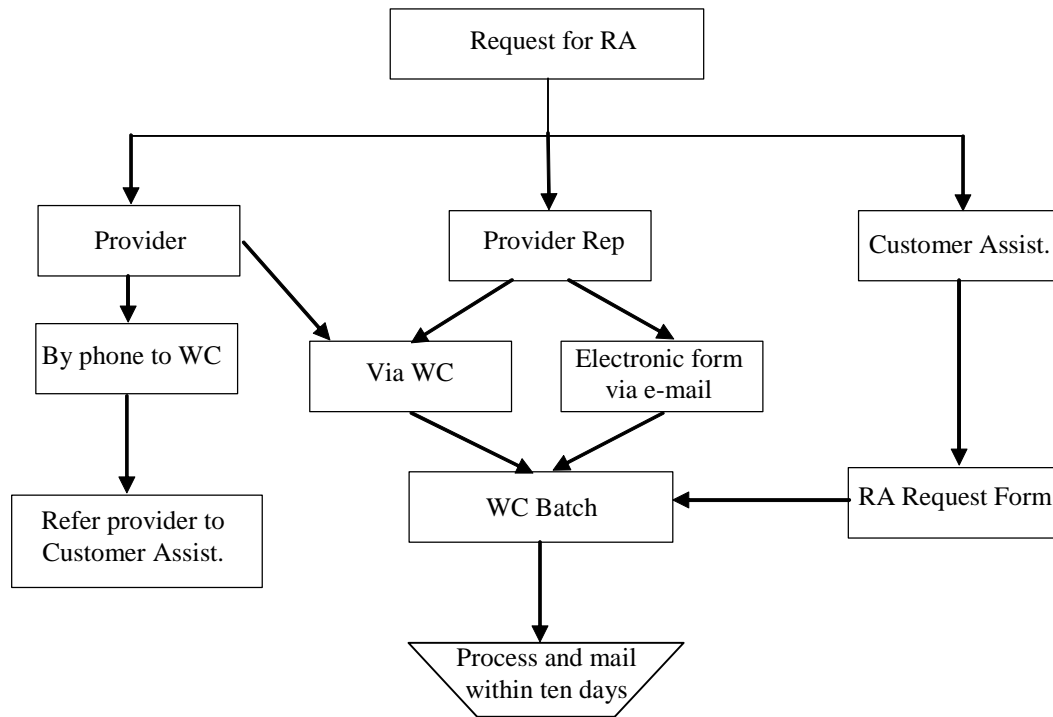


Figure 6.6 – Remittance Advice Process

MAR Request Process

The Management and Administrative Reporting (MAR) subsystem report shows the provider how many claims have been submitted for a given month, how many of those claims have been paid, and how many have been denied. It also gives the provider, by percentage, the reasons for claim denials. The MAR process is shown in figure 6.7.

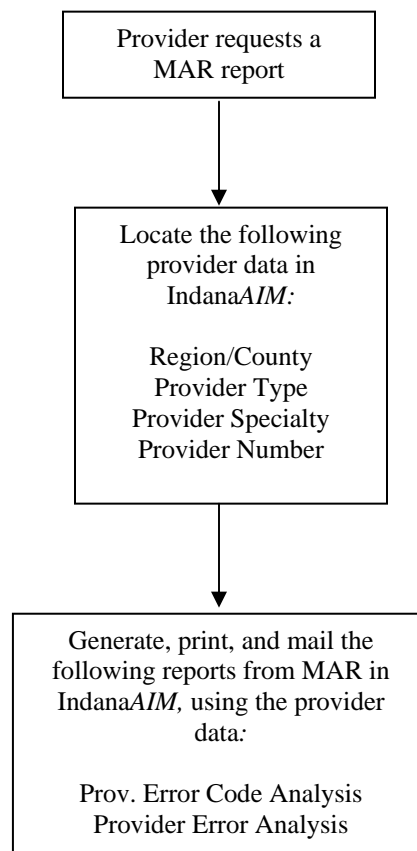


Figure 6.7 – MAR Request Process

Written Inquiry Daily Report Process

The written inquiry daily report as shown in Figure 6.8 is kept online for review by the WC Supervisor. The WC Supervisor monitors the written inquiry and RPTS' that have been completed.

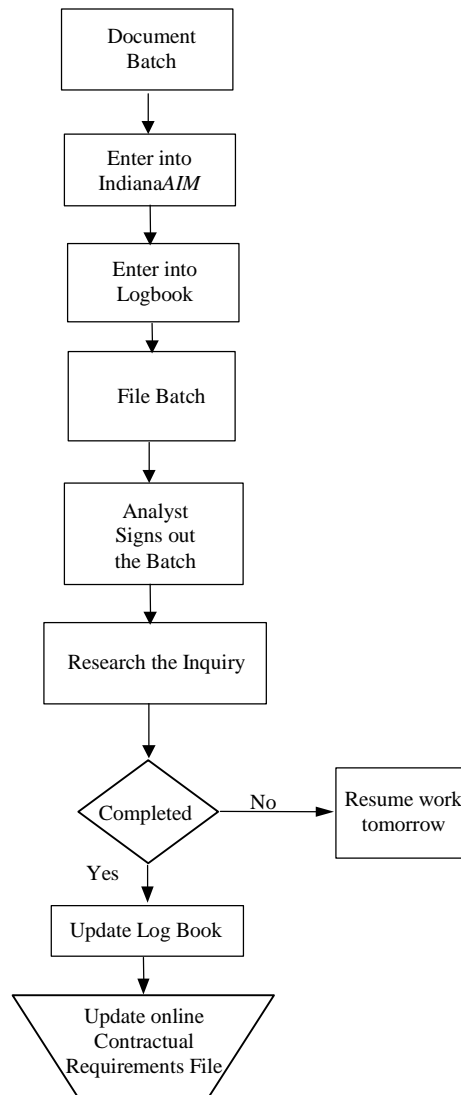


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